

**Social Security Administration**

**LETTER TO CUSTODIAN OF BIRTH RECORDS**

Claim Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date : \_\_\_\_\_

**Custodian of Record: Please complete, sign and date part 5 of this form, include your seal if you have one, and return the form to requester/SSA.**

**PART 1 - TO BE COMPLETED BY REQUESTER**

Sir/Madam:

I/the Social Security Administration (Circle One) need(s) to establish a date of birth for SSA purposes. I request a certified copy/certification/verification (Circle One) of your record showing the date of birth based on:

- \_\_\_\_\_ The information below; or  
\_\_\_\_\_ The document attached.

Full Name at Birth

Sex

Date of Birth (Month, Day, Year)

Place of Birth (City, County, and State)

Mother's Maiden Name (First, Full Middle, Last)

Father's Name (First, Full Middle, Last)

☐ I authorize the disclosure of the requested information to the Social Security Administration.

Signature

Address

Print Full Name

Relationship to Above Person (e.g., Self, Authorized Applicant)

( ) -

Phone Number with Area Code

**PART 2 - NOTARIZATION OF REQUESTER'S SIGNATURE (If Required)**

Notary Public should use the space below for notarization and placement of seal.

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### **PART 3 - PAYMENT INFORMATION**

**Enclosed is \$ \_\_\_\_\_ in the form of:**

- ☐ Personal Check
- ☐ Certified Check
- ☐ Money Order
- ☐ Credit Card (Type, Number, Expiration Date) \_\_\_\_\_
- ☐ No Fee Required
- ☐ Other

**DO NOT SEND CASH.**

### **PART 4 - COMPLETED BY SSA OFFICIAL TO INDICATE RETURN ADDRESS/TO VERIFY REQUESTER'S IDENTITY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Office Name

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Office Address

( ) -

\_\_\_\_\_  
Office Telephone Number with Area Code

\_\_\_\_\_  
Extension

#### **Verification of Requester's Identity (If Required)**

I verified the requester's identity. The requester submitted the following as evidence of his/her identity:

### **PART 5 - TO BE COMPLETED BY RECORDS CUSTODIAN OR OFFICIAL**

Choose option A, B, or C.

A. ☐ Certified Birth Record Attached

B. ☐ Certification/Verification of Birth Record

☐ I verify the information on the document submitted.

☐ I certify the information provided below.

Name As Shown on the Record \_\_\_\_\_

Type of Birth or Religious Record \_\_\_\_\_

Date of Birth or Age \_\_\_\_\_

If Age, As of Which Birthday? ☐ Last ☐ Next ☐ Nearest ☐ Not Given

Date of the Record \_\_\_\_\_

Place of Birth \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Remarks \_\_\_\_\_

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### C. ☐ Negative Certification/Verification

I searched for a birth/religious (Circle One) record for the person named in Part 1 and found no record for him/her for the year(s) \_\_\_\_\_

### D. ☐ Signature and Seal

Please sign and date, indicate your title, provide address, and affix seal if you have one or indicate that no seal exists. **Return to requester or SSA, as indicated on page 1.**

Signature \_\_\_\_\_ Address \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

No Seal \_\_\_\_\_

Affix Seal →

**Privacy Act** - The Privacy Act requires us to notify you that we are authorized to collect this information by section 205(a) of the Social Security Act. You do not have to provide the information requested. The data you provide, however, will allow the Social Security Administration to determine the age and/or citizenship of a person who is applying for Social Security or Supplemental Security Income benefits. If you do not complete this form, that person may not be entitled to benefits. We do not disclose the information you provide to any person or other government agency. We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you give us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*